

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/9145-1**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					
2		/					52					
3			/				53					
4	/						54					
5		/					55					
6			/				56					
7		/					57					
8	/						58					
9		/					59					
10	/						60					
11		/					61					
12			/				62					
13		/					63					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.					
TOTAL DEP.	13						TOTAL DEP.					
TOTAL CLAIMS	18						TOTAL CLAIMS					

**BEST AVAILABLE COPY**

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS